

# **CALIFORNIA DEPARTMENT OF AGING**

## **SENIOR FARMERS' MARKET NUTRITION PROGRAM - 2005**

### **TOOL KIT CONTENTS**

#### **I. POLICIES AND PROCEDURES**

**A. SFMNP Receipt, Distribution, and Accountability (pages 2-9)  
(Forms: CDA-SFMNP-301,#1 SFMNP forms #2- 3)**

**B. SFMNP Participant Education (pages 10-15)**

- **Web Sites for Information on Fruits and Vegetables**
- **Sample Information Sheet**
- **Nutrition Education Handout**
- **SFMNP Participant Survey**

**C. SFMNP Complaint Procedures (pages 16-17)  
(SFMNP CDA form #5)**

**II. Web Site for Finding a California Certified Farmers' Market:  
<http://www.cafarmersmarkets.com>**

## **CALIFORNIA DEPARTMENT OF AGING**

### **Senior Farmers' Market Nutrition Program (SFMNP) Coupon Receipt, Distribution, and Accountability**

#### **Policy**

The AAA is responsible for the accountability of all SFMNP coupon booklets received from the California Department of Aging (CDA) until the coupon booklets are either distributed to eligible participants or returned to CDA.

1. By accepting the SFMNP coupon booklets and signing the CD-SFMNP- 301, the AAA agrees to all the policies and conditions of participation in the program.
2. The AAA shall appoint an individual as the SFMNP Coordinator for their agency who will be responsible for the receipt, distribution, and accountability of the SFMNP coupon booklets. The AAA shall furnish CDA with the name of this individual.
3. The AAA assures that when multiple programs are used to distribute the SFMNP coupon booklets, e.g., congregate meal sites and the Brown Bag Program, that no eligible participant receives more than one SFMNP coupon booklet.
4. The State reserves the right to assess the local AAA the cost of SFMNP coupons redeemed by ineligible persons, lost, stolen, or otherwise unaccounted for.

#### **Coupon Handling and Distribution**

##### **A. AAA receipt and distribution of coupon booklets**

1. Shipments of StayWell SFMNP coupon booklets are sent directly to the AAA from the printer and will include a packing label that indicates the sequence numbers of the coupon booklets included in the shipment.
2. The original of the CDA-SFMNP-301 must be returned to the CDA Senior Farmers' Market Manager within 15 days of receipt of the SFMNP coupon booklets. A copy of the form is to be kept on file by the AAA. The address of the CDA Senior Farmers' Market Manager is:

California Department of Aging  
Senior Farmers' Market Manager  
1600 K Street  
Sacramento, CA 95814

3. Upon receipt of the SFMNP coupon booklets, the AAA must certify the total number received and sequence number of the coupon booklets, and complete a SFMNP Coupon Control Log, SFMNP #2 (sample attached).

4. The local AAA SFMNP Coordinator is to maintain the SFMNP Coupon Control Log (SFMNP #2) for all coupon booklets issued to a provider. This form is meant for internal control between the AAA and the service providers who issue coupons to the participants.
  - The SFMNP #2 form must include the date the coupons were issued to the provider, the provider name, and coupon booklet sequence numbers.
  - The service provider must sign the SFMNP #2 form to acknowledge receipt of the coupon booklets.
  - The AAA is to retain the original copy of the SFMNP #2 form on file and furnish a copy of the form to the service provider.
  - The AAA is responsible for monitoring the providers for excess/unused SFMNP coupon booklets and for returning these booklets to CDA as directed.
  - The AAA shall return all voided, expired, or disfigured SFMNP coupon booklets to the CDA Farmers' Market Manager via secured mail.
5. At the end of the 2005 market season, the AAA is responsible for notifying CDA of the total number of SFMNP coupon booklets distributed by all providers.

#### **B. Distribution of SFMNP coupon booklets by Service Providers**

1. SFMNP coupon booklets shall be distributed to eligible participants within 30 days of receipt from the AAA. Coupons can be redeemed through November 30, 2005.
2. Each participant will receive one booklet worth \$20, made up of ten \$2 coupons.
3. The service provider distributing the coupon booklets must complete the SFMNP Coupon Issuance Log (SFMNP #2) (sample attached). The following information must be completed:
  - The AAA number and service provider name.
  - The location of the distribution/issuance site.
  - The date the SFMNP coupon booklet was issued to a participant.
  - The coupon series number issued to each individual.
  - Printed name and signature of participant receiving a coupon booklet.
  - The type of nutrition education provided (lecture or handout).
4. The original of the SFMNP # 3 form is sent to the AAA and the service provider is to keep a copy of the form.
5. The service provider is responsible for returning all unused coupon booklets to the AAA, in a timely manner, in order to facilitate their redistribution.

6. The service provider is responsible for notifying the AAA of the total number of StayWell SFMNP coupon booklets distributed.

### **C. Security of SFMNP coupon booklets**

1. The AAA and service providers are responsible for the security of the SFMNP coupon booklets at all times. The coupons are to be treated as if they are cash.
2. Security of the SFMNP coupon booklets must include the following:
  - The SFMNP coupons are to be stored in a secure (locked) file.
  - SFMNP coupon booklets are not to be left unattended when they are distributed to participants.
  - Access to the coupons shall be limited to authorized AAA/service provider staff.

### **D. Lost/Stolen SFMNP coupon booklets**

1. The AAA and service providers are responsible for reporting lost or stolen SFMNP coupon booklets.
2. Lost or stolen coupons will not be replaced.
3. Reporting of lost or stolen booklets must include the following:

When a service provider discovers that a series of SFMNP coupon booklets are lost or stolen, they are to immediately notify the AAA. The AAA Farmers' Market Coordinator shall notify the participating farmers' markets. The AAA must complete the SFMNP Lost or Stolen Coupon Booklets Report Form (SFMNP #4) (sample attached).

- If a participant reports coupons as being stolen or lost, this must also be noted on the SFMNP #4 form.
- The AAA must also document the lost or stolen booklets on the original SFMNP Coupon Issuance form (SFMNP #3).
- A copy of the SFMNP #4 form is to be sent to CDA Senior Farmers' Market Manager and the original retained on file by the AAA.

## E. Senior Farmers' Market Nutrition Program Forms

The following table summarizes the distribution of the completed CDA-SFMNP-301 and SFMNP forms 1 through 4.

|  | CDA      | AAA      | Provider |
|--|----------|----------|----------|
| CDA - SFMNP – 301 (03/05)<br>Receipt of Senior Farmers'<br>Market Nutrition Program<br>Coupons #1 Form | Original | Copy     | NA       |
| SFMNP #2 Form<br>Coupon Control Log  | NA       | Original | Copy     |
| SFMNP #3 Form<br>Coupon Issuance Log   | NA       | Original | Copy     |
| SFMNP #4 Form<br>Lost or Stolen Coupon SFMNP<br>Booklets Report Form                                   | Copy     | Original | Copy     |

The copies of the following forms are attached:

CDA-SFMNP- 301- #1 Receipt of SFMNP Coupons (page 6)  
SFMNP #2- Coupon Control Log (Sample) (page 7)  
SFMNP #3- Coupon Issuance Log (Sample) (page 8)  
SFMNP #4- Lost or Stolen Report Form (Sample) (page 9)

|  |  |
|--|--|
| <b>CALIFORNIA DEPARTMENT OF AGING</b><br><br><b>RECEIPT OF SENIOR FARMERS' MARKET NUTRITION PROGRAM</b><br><b>COUPONS</b>  |  |
| <b>To</b>  |  |
| California Department of Aging<br>Senior Farmers' Market Manager<br>1600 K Street<br>Sacramento, CA 95814  | Telephone Number:<br>(916) 322-9184<br><br>FAX Number:<br>(916) 324-4989 |
| <b>From</b>  |  |
| AAA:   | Telephone Number:  |
| AAA SFMNP Coordinator:   | FAX Number:  |
| Street Address:  |  |
| City:  | Zip Code:  |
| The AAA has received from the State of California _____ (total Number) of SFMNP coupon booklets, starting with serial numbers _____ and ending with _____. The coupons have a total redemption value of _____. |  |
| Printed Name and Signature of AAA SFMNP Coordinator:   | Date   |
| <b>I, _____ hereby certify that the AAA will comply with the policies and procedures of the 2005 SFMNP.</b>  |  |
| Printed Name and Signature of AAA Director:  | Date   |

Send the original to the CDA Senior Farmers' Market Manager. Keep a file copy.

**SFMNP #1**

**CALIFORNIA DEPARTMENT OF AGING  
SENIOR FARMERS' MARKET NUTRITION PROGRAM  
COUPON CONTROL LOG**

PSA # \_\_\_\_\_

| Date | Number of Booklets | Coupon Booklet Sequence Number | Name of Provider Booklets Issued To | Signature of Individual Receiving Coupon Booklets |
|------|--------------------|--------------------------------|-------------------------------------|---|
|      |                    | From: _____<br>To: _____       |                                     |   |
|      |                    | From: _____<br>To: _____       |                                     |   |
|      |                    | From: _____<br>To: _____       |                                     |   |
|      |                    | From: _____<br>To: _____       |                                     |   |
|      |                    | From: _____<br>To: _____       |                                     |   |
|      |                    | From: _____<br>To: _____       |                                     |   |
|      |                    | From: _____<br>To: _____       |                                     |   |
|      |                    | From: _____<br>To: _____       |                                     |   |
|      |                    | From: _____<br>To: _____       |                                     |   |

**SFMNP #2**

Please keep the original on file and give a copy to provider receiving the coupon booklets.

PSA #: \_\_\_\_\_

**CALIFORNIA DEPARTMENT OF AGING  
SENIOR FARMERS' MARKET NUTRITION PROGRAM  
COUPON ISSUANCE LOG**

Site Location: \_\_\_\_\_

Provider: \_\_\_\_\_

|    | Issue<br>Date | Coupon<br>Booklet<br>No. | Print Participant Name | Participant Signature<br>My signature verifies that I have not already<br>received this year's (2005) Farmers' Market<br>vouchers |
|----|---------------|--------------------------|------------------------|---|
| 1  |               |                          |                        |   |
| 2  |               |                          |                        |   |
| 3  |               |                          |                        |   |
| 4  |               |                          |                        |   |
| 5  |               |                          |                        |   |
| 6  |               |                          |                        |   |
| 7  |               |                          |                        |   |
| 8  |               |                          |                        |   |
| 9  |               |                          |                        |   |
| 10 |               |                          |                        |   |
| 11 |               |                          |                        |   |
| 12 |               |                          |                        |   |
| 13 |               |                          |                        |   |
| 14 |               |                          |                        |   |
| 15 |               |                          |                        |   |
| 16 |               |                          |                        |   |
| 17 |               |                          |                        |   |
| 18 |               |                          |                        |   |
| 19 |               |                          |                        |   |
| 20 |               |                          |                        |   |
| 21 |               |                          |                        |   |
| 22 |               |                          |                        |   |
| 23 |               |                          |                        |   |
| 24 |               |                          |                        |   |
| 25 |               |                          |                        |   |
| 26 |               |                          |                        |   |
| 27 |               |                          |                        |   |
| 28 |               |                          |                        |   |
| 29 |               |                          |                        |   |
| 30 |               |                          |                        |   |

Page \_\_\_\_ of \_\_\_\_

Nutrition Education Tool: Handout

\_\_\_\_ Lecture \_\_\_\_

Send Copy to: CA Dept of Aging

**SFMNP #3**

Attn: SFM Manager



**CALIFORNIA DEPARTMENT OF AGING  
SENIOR FARMERS' MARKET NUTRITION PROGRAM  
LOST OR STOLEN COUPON SFMNP BOOKLETS  
REPORT FORM**

**INSTRUCTIONS**

(1) Please call the CDA Senior Farmers' Market Nutrition Manager, at (916) 322-9184 as soon as SFMNP booklet(s) are discovered missing.

(2) Complete this form to the best of your knowledge.

AAA completing the report:

Address:

Name of AAA Staff Reporting:

Telephone Number:

Sequence Numbers of missing SFMNP Coupons/Booklets:

Beginning\_\_\_\_\_ Ending\_\_\_\_\_

Date discovered missing:

Please describe briefly the circumstance of how the SFMNP coupons(s) booklets(s) were lost, or stolen.

Thank you for your assistance and continued support.

(3) Please send a copy of the completed form to:

California Department of Aging  
Senior Farmers' Market Manager  
1600 K Street  
Sacramento, CA 95814

(4) Keep the original on file at the AAA.

**SFMNP #4**

## CALIFORNIA DEPARTMENT OF AGING

### Senior Farmers' Market Nutrition Program (SFMNP) Participant Education

#### Participant Information

SFMNP participants are to be provided nutrition education information related to fresh fruits and vegetables and instruction on the proper use and redemption of the coupons. This information is to be furnished by the AAA or the service provider distributing the coupon booklets.

**A. Nutrition Education.** It is suggested that, in addition to nutrition education materials related to fresh fruits and vegetables, a class be presented on their use. This class can be counted as a nutrition education presentation at congregate meal sites participating in the SFMNP.

#### **B. Web Sites for Information on Fruits and Vegetables**

<http://agingwell.state.ny.us/eatwell/index.htm>

<http://5aday.nci.nih.gov>

<http://www.fsis.usda.gov>

<http://www.5aday.com>

#### **C. Coupon Use**

Participants are to be informed of the following:

- Coupons can be used only to purchase fresh fruits, vegetables, and herbs.
- Coupons cannot be exchanged for cash or other items.
- No change will be given by the Certified Farmers' Market.
- Coupons are not transferable to another person.
- Coupons are not good at grocery stores.
- All coupons must be used by November 30, 2005.
- Lost or stolen coupons will not be replaced.
- Lost or stolen coupons must be reported immediately.

- How to call the provider issuing the coupons if they are lost or stolen.
- To look for the “We accept SFMNP Coupons Here” flyer or sign.
- To ask the farmer (if they do not see the flyer/sign) if they are not sure the farmer participates in the SFMNP.
- How to register a complaint about improper farmers and/or market practices.

**D. Participant Materials** - The following information and materials should be given to participants in the SFMNP.

- Participant SFMNP information sheet (sample attached).
- Nutrition Education handout (attached).
- Location and hours of operation of the local Certified Farmers’ Markets participating in the SFMNP.
- Sources of transportation, if applicable

**E. Participant Survey**

- CDA requests that a participant survey be conducted after the SFMNP is completed (attached).
- Participation by the AAA is on a voluntary basis. The attached survey tool is to be used.
- Each AAA must include their PSA number on the form before copying for distribution to the seniors.
- Completed surveys should be returned to the CDA Senior Farmers’ Market Manager for tally.

The sample copies of the following forms are attached:

SFMNP Information Sheet (page 12)  
 Nutrition Education Handout (pages 13-14)  
 SFMNP Senior Survey (page 15)

## **CALIFORNIA DEPARTMENT OF AGING**

### **SENIOR FARMERS' MARKET NUTRITION PROGRAM INFORMATION SHEET**

#### **GENERAL RULES:**

- **Coupons can be used only to buy fresh fruits, vegetables, and herbs.**
- **Coupons cannot be exchanged for cash or other items.**
- **No change will be given by the Farmers' Market.**
- **Coupons cannot be redeemed at grocery stores.**
- **All coupons must be used by November 30, 2005.**
- **Lost or stolen coupons will not be replaced.**
- **If coupons are lost or stolen, or to register a complaint about this program, please contact the SFMNP Coordinator, at\_\_\_\_\_.**
- **When shopping at farmers' markets, please use coupons at stands displaying a flyer or sign that states:**

**“We Accept SFMNP Coupons Here”**

#### **LOCATION(S) OF FARMERS' MARKETS**



## **Fruits & Vegetables and the 2005 Dietary Guidelines for Americans**

The new 2005 Dietary Guidelines for Americans places increased emphasis on the role fruits and vegetable play in a healthful diet. The following two recommendations are related to the consumption of fruits and vegetables:

- Consume a sufficient amount of fruits and vegetables while staying within energy needs.

For a 2,000 calorie diet you will need to eat 2 cups of fruit and 2 ½ cups of vegetables each day. This amounts 9 servings fruits and vegetables.

For 1,200 calories the recommended amount would be 1 cup of fruit and 1 ½ cups of vegetables or a total 5 servings for fruits and vegetables.

- Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week.

When following these two recommendations keep in mind:

- Focus on Fruits. Select fresh, frozen, canned, or dried rather than fruit juice for most of your fruit choices.
- Vary your vegetables. Eat more dark green vegetables, such as broccoli, kale, and other dark leafy greens; orange vegetables, such as carrots, sweet potatoes, pumpkin, and winter squash; and beans and peas, such as pinto beans, kidney beans, black beans, garbanzo beans, split peas and lentils.

### **Meeting the Dietary Guidelines 5 or More the Easy Way**

- It is easy to get 5 to 9 of fruits and vegetables into your diet every day.
- Include one or more fruits and vegetable choices(s) at all meals.
- Toss fruit into your green salad for extra flavor, variety, color and crunch.
- Save time with pre-cut vegetables and salad mixes.

- Add apples, raisins, or pineapple chunks to deli salads like chicken, tuna, or pasta.
- Add frozen mixed vegetables to canned or dried soup.
- Make a quick smoothie using frozen fruit.
- Keep an easy-to-grab- pre-washed bowl of fruit on the counter.
- Try fajitas with red bell peppers, summer squash, and garlic.

## **What is a Serving?**

- One medium-size fruit
- ½ cup raw, cooked, frozen or canned fruits (in 100% fruit juice) or vegetables
- ¾ cup (6 oz.) 100% fruits or vegetable juice
- ½ cup cooked, canned or frozen legumes (beans and peas)
- 1 cup raw, leafy vegetable

## **Washing Fresh Fruits and Vegetables**

- Remove and discard the outer leaves from vegetables such as lettuce and cabbage before washing.
- Wash fruits and vegetables (including organically grown, farmer's market, and homegrown produce) just before cooking or eating.
- Wash under running drinking water.
- Scrub fruits and vegetables with a clean scrub brush or with hands.
- Include dry fruits and vegetables



**CALIFORNIA DEPARTMENT OF AGING**  
**SENIOR FARMERS' MARKET NUTRITION PROGRAM**  
**PARTICIPANT SURVEY**  
**2005**

Your input is valuable to help support the need for the Senior Farmers' Market Nutrition Program.

1. Have you used Farmers' Market Coupons before?  
☐ Yes ☐ No
  
2. How many times did you go to a Farmers' Market last year?  
☐ Never      ☐ 1-2 times      ☐ 3-5 times      ☐ 6 or more times
  
3. How many times did you use a Farmers' Market this year?  
☐ 1-2 times      ☐ 3-5 times      ☐ 6 or more times
  
4. Did you use your coupons every time you went to the Farmers' Market?  
☐ Yes ☐ No
  
5. Did you use all of your coupons? ☐ Yes ☐ No
  
6. Did you eat more fresh fruits and vegetables because of the California Farmers' Market Coupons? ☐ Yes ☐ No
  
7. What could we do to make it possible for you to eat more fruits and vegetables?

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**Thank you!**

**CALIFORNIA DEPARTMENT OF AGING**  
**Senior Farmers' Market Nutrition Program**  
**Complaint Procedures**

The following steps should be taken regarding any complaints about the Senior Farmers' Market Nutrition Program (SFMNP). The SFMNP Complaint Form (SFMNP #5) (sample attached) is to be completed by the AAA SFMNP Coordinator.

1. The AAA SFMNP Coordinator, or other authorized individual, will interview the recipient (or farmer) who has reported the problem to determine the nature of the problem as precisely as possible.
2. If a problem should arise with an individual farmer at the Farmers' Market, the complaint should include the farmer's name or his/her location within the market and the date and time that the problem occurred.
3. The AAA SFMNP Coordinator should interview other recipients (or farmers) to determine whether the problem is wide spread or occurred only once.
4. The AAA SFMNP Coordinator should contact the market sponsor to seek corrective action keeping in mind that this group is volunteering its staff time to make this program successful.
5. The AAA SFMNP Coordinator should contact the California Department of Aging at (916) 322-9184 to report the problem, documenting the response you receive from the market sponsor, and any suggestions you have to avoid the problem in the future.
6. The AAA SFMNP Coordinator should forward a copy of the completed complaint form to the CDA Senior Farmers' Market Manager:

California Department of Aging  
Senior Farmers' Market Manager (Attn. Carole Cory)  
1600 K Street  
Sacramento, CA 95814

A sample copy of the SFMNP Complaint Form (SFMNP #5) is attached (page 17).



**CALIFORNIA DEPARTMENT OF AGING  
SENIOR FARMERS' MARKET NUTRITION PROGRAM  
COMPLAINT FORM**

Please complete the following complaint form and send a copy to the CDA SFMNP Manager.

|       |                             |
|-------|-----------------------------|
| Date: | Market Site Name & Address: |
|-------|-----------------------------|

Type of Complaint: (Please check the appropriate box)

☐ Customer
                 
 ☐ Farmer
                 
 ☐ Other (Please specify)

\_\_\_\_\_  
 \_\_\_\_\_

|                     |                   |
|---------------------|-------------------|
| Complainant's Name: | Telephone Number: |
|---------------------|-------------------|

Complainant's Address:

Complainant Chooses to be Anonymous ☐

Nature of Complaint: (Please be specific)

Eyewitness Accounts: (Please list name and phone number of each witness)

Did the Recipient Talk to the Market Manager? \_\_\_\_Yes    \_\_\_\_No. If yes, what was the Managers' response/recommendations?

Name of the AAA SFMNP Coordinator handling the complaint:

Telephone Number:

Please retain the original and provide a copy to any involved service provider.

**SFMNP #5**